

PRODUCER

The Reilly Company LLC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME:

Jessie Bullock

| 608 Delaware St. | | | | | | (A/C, No, Ext): (913) 682-8136 | | | | | |
|---|---|-------------------------------|---------------|--|------------------------|--|----------------------------|--|--------------|-------|--|
| P.O. Box 9 | | | | | | | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| 100 00040-0009 | | | | | | INSURER A: EMC | | | | | |
| INSURED | | | | | | INSURER B: R-T Specialty LLC / Lexington Insurance | | | | | |
| Mar Building Solutions LLC | | | | | | INSURER C: | | | | | |
| 1445 SE Broadway Dr | | | | | | INSURER D : | | | | | |
| | | | | | | INSURER E : | | | | | |
| Lees Summit MO 64081-3201 | | | | | INSURER F: | | | | | | |
| CO | VERAGES CER | - 25/26 Prof REVISION NUMBER: | | | | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF | | | | | | | | | | | |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH DECREES TO MURCH THIS | | | | | | | | | | | |
| CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | | |
| INSR | TYPE OF INSURANCE | ADDL | SUBR | ense was returned was a second of the second | N KEDUC | POLICY EFF | | | | | |
| LIR | COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| ı | | | | | | | | EACH OCCURRENCE | \$ 1,000 | 0,000 | |
| | CLAIMS-MADE OCCUR | 1 1 | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,0 | 000 | |
| | | | | | | | | MED EXP (Any one person) | s 10,00 | 00 | |
| Α | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC | | | BBB9051 | | 10/15/2024 | 10/15/2025 | PERSONAL & ADV INJURY | s 1,000 | 0,000 | |
| | | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | | |
| | | | | | | | | PRODUCTS - COMP/OP AGG | 0.000.000 | | |
| | OTHER: | | | | 1 | | | Employee Benefit Liab | s 1,000,000 | | |
| Α | AUTOMOBILE LIABILITY | | | . 0 = 10 = - 2.118-28 | | | | SOMBINED SINGLE LIMIT | \$ 1,000 | | |
| | X ANY AUTO | | 6E67 | 1 | | | 10/15/2025 | (Ea accident) BODILY INJURY (Per person) | \$ 1,000,000 | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | 6E67639 | | 10/15/2024 | | BODILY INJURY (Per accident) | | | |
| | ✓ HIRED ✓ NON-OWNED | | | 2 202 | | 19/19/2021 | | PROPERTY DAMAGE | 2 2 | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| А | ➤ UMBRELLA LIAB ➤ OCCUP | | \vdash | | | | | Medical payments | \$ 5,000 | | |
| | EVCESSIAR | | 0.107000 | | | 100000000000000000000000000000000000000 | | EACH OCCURRENCE | \$ 5,000,000 | | |
| | CLAIMS-MADE | | | 6J67639 | | 10/15/2024 | 10/15/2025 | AGGREGATE | \$ 5,000 | 0,000 | |
| | DED RETENTION \$ 10,000 WORKERS COMPENSATION | | | | | | | | \$ | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | 10/15/2024 | 10/15/2025 | ➤ PER STATUTE OTH- | | | |
| | | | | 6H67639 | | | | E.L. EACH ACCIDENT | s 1,000,000 | | |
| | (Mandatory in NH) If yes, describe under | | | | | 10.10.2021 | 10/10/2020 | E.L. DISEASE - EA EMPLOYEE | s 1,000,000 | | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | s 1,000,000 | | |
| | Errors and Omissions | | | | | | | Errors & Omissions | - | 0,000 | |
| В | | | | 015136726 | - 1 | 07/11/2025 | 07/11/2026 | Aggregate | \$3.00 | 0,000 | |
| | | | | | | | | | 27.328 | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICLE | S (ACC | ORD 10 | 01, Additional Remarks Schedule, | may be at | ached if more sp | ace is required) | | | | |
| The | City of Lee's Summit is additional insured as | s respe | ects A | uto Liability and General Lial | nility incl | idina ongoina | and completed | operations Incurance is a | | 1 | |
| Print | ary and non-contributory. Waiver of Subroga | ation a | pplied | d in favor of the additional ins | ured as | respects Auto L | iability and G | eneral Liability. A 30 day | па | 1 | |
| HOUG | e or cancellation applies. | | | | | | | , | | | |
| Alla | dditional \$1M project specific limit is include | on tr | ie pro | pressional liability coverage to | ncreas | e the limit to \$3 | 3M total. | | | | |
| | | | | | | | | | | - 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CER | CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | SHOU | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | | |
| | City of Looks Summit | | EXPIRATION DA | | NOTICE WILL BE DELIVER | ED IN | | | | | |
| | City of Lee's Summitt | | | AUU | NUMINOE WILL | THE PULICY | FRUVISIONS. | | | | |
| 220 SE Green Street AUTHORIZED REPRESENTATIVE | | | | | | | | | | | |
| | | | | | AUTHOR | LLU KLYKEJEN | | | | | |
| | Lee's Summit | | MO 64063 | | | Janskeill. | | | | | |